



Human Resources

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kgi.edu | hr@kgi.edu

Request for Exemption from Influenza Vaccination

Employee Name _____ Date _____

Keck Graduate Institute is mandating influenza vaccination for all of its employees. Each request for exemption, regardless of the reason, will be evaluated individually by the office of Human Resources.

Medical Exemption _____

By requesting an exemption due to medical contraindications, I will be required to provide documentation from my primary care physician. I also understand that the medical exemption must be based on standard criteria for medical exemptions recommended by the Centers for Disease Control (CDC) and Prevention or Advisory Committees on Immunization Practices.

Religious Exemption _____

A religious exemption to immunization may be granted as an accommodation based on an individual's sincerely held religious belief, practice, or observance. Social, political, or economic philosophies, and personal preferences do not constitute religiously held beliefs.

Personal Exemption _____

I hereby certify that immunization is contrary to my beliefs. I request an exemption to the Influenza Immunization requirement. I have written a summary of my objections in the space provided below.

I understand that I will be provided 10 business days to obtain the supporting documentation for either the medical or religious exemption.

I understand that I will receive written notification regarding the exemption request status within seven (7) business days after the required documentation has been provided to the office of Human Resources.

I understand that if my exemption request is approved, I will be recognized as compliant with the mandatory influenza vaccination requirement. Further, I understand that my protected medical and religious information will be maintained in my confidential Personnel File in Human Resources. This information will not be provided to anyone outside of Human Resources.

For any questions concerning these exemptions, please contact Human Resources at hr@kgi.edu

Effective Date: October 2020
Administrator: Human Resources



Keck Graduate Institute Medical Exemption Request Form

Name of Employee: _____

Status: Faculty _____ Staff _____

Practice Address: _____

Name of Health Care Provider _____

Email _____

License Type: Medical or Osteopathic Physician _____ Nurse Practitioner _____

Physician's Assistant _____

I hereby certify that the above-referenced patient qualifies for a medical exemption from the 2020 seasonal influenza vaccine, as further provided below;

Reason for exemption:

Signature of Health Care Provide _____

Date of Signature _____

For Human Resources Only	
Date Form Rec'd: _____	Date Reviewed: _____
Medical Exemption Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Approved: _____	Date Employee Notified: _____



Keck Graduate Institute Religious Exemption Request Form

Name of Employee: _____

Religious Waiver – I _____ (Print Employee Name) on the basis of my sincerely held religious belief, decline to receive the influenza vaccination. Please identify your sincere and bona fide religious belief and how the influenza vaccination will violate this belief. (You may attach additional written pages to this form in support of your request.)

Signature

Date

For Human Resources Only	
Date Form Rec'd: _____	Date Reviewed: _____
Medical or Religious Exemption Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Approved: _____	Date Employee Notified: _____



Personal Exemption:

I hereby certify that immunization is contrary to my beliefs. I request an exemption to the Influenza Immunization requirement. I have written a summary of my objections in the space provided below.

Required: Summary of Objections:

Signature

Date

For Human Resources Only	
Date Form Rec'd: _____	Date Reviewed: _____
Medical or Religious Exemption Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Approved: _____	Date Employee Notified: _____